



**CITY OF CINCINNATI  
INCOME TAX DIVISION  
NEW ACCOUNT APPLICATION**

**Complete this form and send to:**

Cincinnati Income Tax Division  
805 Central Avenue Suite 600  
Cincinnati, OH 45202-5756  
Phone: (513) 352-2546 Fax: (513) 352-2542  
Website: [www.cincinnati-oh.gov/citytax](http://www.cincinnati-oh.gov/citytax)

<b>COMPANY NAME:</b> _____	<b>CINCINNATI LOCATION:</b> (If different from Company Address)
DBA: _____	
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____	CITY/STATE/ZIP CODE: _____
PHONE NO: _____ FAX NO: _____	LOCAL PHONE NUMBER: _____
SOC. SEC. NO: _____ FED. ID NO: _____	EMAIL ADDRESS: _____
CONTACT PERSON: _____	LOCAL CONTACT PERSON: _____

**TYPE OF BUSINESS ENTITY** (Check the box that applies to your business):

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> S-CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP
<input type="checkbox"/> LLC	<input type="checkbox"/> SINGLE MEMBER LLC	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> TRUST
<input type="checkbox"/> VOLUNTARY WITHHOLDER	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> OTHER _____	(Specify)

**NATURE OF BUSINESS:** \_\_\_\_\_ **FISCAL YEAR END** (*Jan through Dec*): \_\_\_\_\_

WILL YOUR COMPANY CONDUCT BUSINESS WITHIN CINCINNATI? ☐ YES ☐ NO

DATE **BUSINESS ACTIVITY** BEGAN IN CINCINNATI: \_\_\_\_\_

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? ☐ YES ☐ NO

DATE **WITHHOLDING ACTIVITY** BEGAN IN CINCINNATI: \_\_\_\_\_

WILL YOUR WITHHOLDING PAYMENTS EXCEED \$300.00 PER MONTH? ☐ YES ☐ NO

NAME OF PAYROLL COMPANY THAT YOU USE (if applicable): \_\_\_\_\_

PAYROLL COMPANY CONTACT AND PHONE NUMBER: \_\_\_\_\_

**CORPORATION:**

NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
PRESIDENT: _____	_____	_____
TREASURER: _____	_____	_____

**PARTNERSHIPS** (attach additional sheets if necessary):

PARTNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____
_____	_____	_____

**SOLE PROPRIETORSHIP (including Single Member LLC):**

OWNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____